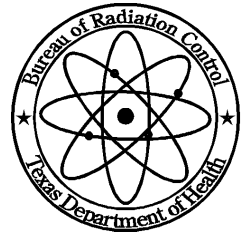




TEXAS DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL
1100 West 49th Street
Austin, Texas 78756-3189



BUSINESS INFORMATION FORM

**PROVIDE ALL INFORMATION IN THE BOX
THAT IS APPLICABLE TO YOUR BUSINESS:**

COMPLETE THIS BOX IF THE APPLICANT IS A CORPORATION

REGISTRATION/CERTIFICATION NUMBER _____

NAME OF CORPORATION: _____

DOING BUSINESS AS: _____

TYPE OF CORPORATION: _____

BUSINESS ADDRESS: _____

TELEPHONE NUMBER: _____

REGISTERED AGENT: _____

REGISTERED ADDRESS: _____
(if different than business address above)

TELEPHONE NUMBER: _____

TEXAS SECRETARY OF STATE CHARTER NUMBER: _____

I certify that the information provided above is true and correct:

Signature of an Officer of the Applicant

Typed or Printed Name

Position with Applicant

Date

SEE BACK FOR ADDITIONAL OPTIONS

COMPLETE THIS BOX IF APPLICANT IS ANOTHER TYPE OF BUSINESS
ORGANIZATION OTHER THAN A CORPORATION

REGISTRATION/CERTIFICATION NUMBER _____	
NAME OF BUSINESS: _____	
DOING BUSINESS AS: _____	
TYPE OF BUSINESS ORGANIZATION: _____ (i.e., partnership, professional association, etc.)	
BUSINESS ADDRESS: _____ _____	
TELEPHONE NUMBER: _____	
TEXAS SECRETARY OF STATE CHARTER NUMBER: _____	
I certify that the information provided above is true and correct:	
_____ Signature of an Officer of the Applicant	_____ Typed or Printed Name
_____ Position with Applicant	_____ Date

COMPLETE THIS BOX IF APPLICANT IS AN INDIVIDUAL

REGISTRATION/CERTIFICATION NUMBER _____	
NAME: _____	
DOING BUSINESS AS: _____	
BUSINESS ADDRESS: _____ _____	
TELEPHONE NUMBER: _____	
I certify that the information provided above is true and correct:	
_____ Signature of Individual Owner	_____ Typed or Printed Name
_____ Drivers License Number	_____ Date

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).